

Community Participation Committee
Report to the World Trade Center Expert
Technical Review Panel

Presented by
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Tuesday, October 5, 2004

This presentation is the result of a
Community Meeting held on
Wednesday, September 29, 2004

Marcia Pinkett-Heller, an expert in
Community-Based Participatory Research
(CBPR), helped facilitate the meeting.

Presentation Overview

- Activities since September Panel Meeting:
CBPR Progress Report
- Community Concerns
 - Process
 - Sampling Proposal
 - Unmet Public Health Needs
- Lack of public commitment by agency

Activities since September 2004 Panel Meeting: CBPR Progress Report

- Continued to work with EPA on finalizing EPA Task Order Statement of Work (SOW) and Budget for the CBPR process
 - Verbal agreement reached at “Initial Scoping” Meeting with EPA & SRA (conference call) on 09/16/04.
 - Still waiting for final signed contract from EPA and access to funds to pay for Community Facilitator.
- Continued to work on selecting WTC Community Facilitator Outreach Assistant.
- Continued to organize an evening Community Meeting on unmet health needs.
- Unable to review the Proposed Monitoring Program to Determine Extent of WTC Impact since it was not released by EPA by the time of meeting (revised version posted on-line-on the evening of 09/29/04).

Community Concerns: Process

- Agenda (or draft) for meeting should be available to panel members at least one week before monthly meeting.
- Short lead time between receiving information and response time.
- Transcript of meetings: an on-line digital tape recording is not a substitute. And for the 7th time at these public meetings, we are now waiting for a response to our request for transcripts.

Proposed Monitoring Program to Determine Extent of WTC Impact

- Timing of Sampling Program and Signature Study: simultaneous
- Triggers for action (clean-up)
 - Health benchmarks vs. background levels: choose the more protective standard in each case.
 - Timing of determining triggers for action and completion of the design for the sampling program.
- Federal Register: concerned that the EPA may present something before the community has reached an agreement on the sampling program.

Community Concerns: Unmet Public Health Needs

- 9/11 related clean-up, demolition and construction
 - Deutsche Bank Building Demolition (130 Liberty Street)
 - Fitterman Hall Demolition (30 West Broadway)
 - 130 Cedar Street Clean-up (or Demolition ?)

Unmet Public Health Needs: Deutsche Bank Building Demolition (130 Liberty Street)

- Initial Building Characterization Study Report (released 09/14/04).
- Characterization included five Contaminants of Potential Concern (COPCs) designated by the U.S. EPA as associated with the WTC dust. They were consistently found at levels above the available criteria:
 - Asbestos: less than 891 structures/cm² to 4,879,200 structures/cm²; levels in dust exceed in 24 of the 31 floors tested [77%]
 - Dioxins: 1 ng/m² (from Zone 2) to 214 ng/m² (in Zone 5); exceeds in 123 of 125 samples [99%]
 - Lead: 150 ug/m² to 101,000 ug/m² (below plenum); exceeds in 121 of 125 samples [97%]
 - Polycyclic Aromatic Hydrocarbons (PAHs): 3 ug/m² (from Zone 1) to 11,555 ug/m² (in Zone 2); exceeds in 100 of 125 samples [80%]
 - Crystalline silica/Quartz: 500 ug/m² (from Zone 2) to 10,000,000 ug/m² (in Zone 1); exceeds in 111 of 118 samples [94%]

Unmet Public Health Needs: Deutsche Bank Building Demolition (130 Liberty Street) (continued)

- Significant variation in the testing results collected from the dust samples. Results are consistent with the highly variable nature of WTC dust. (page 63)
- Detected Concentrations depended on which zone analyte was taken from
- Request that LMDC and its contractors present a full report, and all the data, at the next panel meeting
- Community again demands the EPA (not the EPA panel) be the lead agency.

http://www.renewnyc.com/plan_dev/130Liberty/characterization_study_report.asp

Unmet Public Health Needs:
Deutsche Bank Building Demolition (130 Liberty Street)
(continued)

- External Façade & Netting are contaminated (Figure 6: WTC Dust Sampling Locations)
 - Remediation: Measures must be taken to contain the contaminants currently present in the building and insure that the building is properly sealed with no open areas. Such a measure includes a protective barrier around the entire façade and must occur prior to demolition.
- On-going Concerns: Air Quality
 - Among the measures that should be taken is to make available HEPA filters/units at the intake of HVAC units in the buildings in the immediate vicinity to 130 Liberty.

Unmet Public Health Needs:

Fitterman Hall (30 West Broadway) Demolition

- Owned by New York State Dormitory Authority
- Request that a presentation be made to this Panel on the status of this building at the November 2004 panel meeting

Unmet Public Health Needs: 130 Cedar Street

- Located between Deutsche Bank and 90 West Street
- Boarded-up, 12-story building (former home of the Amish Market)
- No work is happening here, broken window and several holes at the base of the building – building seemingly uncleaned three years after 9/11
- Local residents worry about environmental hazards, now that the contamination of the Deutsche Bank is clear
- Community requests that EPA obtain and share history of sampling, cleanup, and ownership of building

(according to The Battery Park City Broadsheet, Sept. 28-Oct. 14, 2004)

Summary & Requests

The lower Manhattan and Brooklyn communities, both residents and workers, have, for three years, called on EPA to clean up the contaminants left behind by the terrorist attacks of September 11, 2001. For three years, EPA has been unresponsive to the appeals of our communities, our political representatives, and EPA's own Inspector General. For the last eight months, lower Manhattan and Brooklyn residents and workers have worked, in good faith, as closely with the EPA WTC Technical Expert Review Panel as we have been permitted to do. We appreciate the efforts of panel members and we hope to be able to continue working with the panel.

Summary & Requests (continued)

Nevertheless, eight months after this panel began its work, no additional environmental testing or clean-up has been conducted. Our children, our neighbors, our co-workers, and our firefighters continue to live with the uncertainty of possible exposure and unnecessary risk. After three years of delay by EPA and eight months of work by this panel, EPA has yet to make a public commitment to testing and decontamination.

We therefore call upon EPA, by the end of October 2004, to publicly commit itself in a written statement released at a press conference presided over by an official EPA spokesperson to the following seven principles:

Summary: 7 Principles (continued)

1. EPA will conduct, with appropriate input from the community, comprehensive indoor environmental testing for multiple contaminants. The testing will occur as promptly as possible.
2. EPA will expand the geographic range of the testing from its original boundaries to include, at a minimum, additional southern Manhattan communities, including all of Chinatown, and also the neighborhoods in Brooklyn impacted by World Trade Center dust.
3. EPA will test both residences and workplaces. Landlords, residents, employers, and employees will all be given the option of volunteering to have their respective buildings, residences, and workplaces tested.

Summary: 7 Principles (continued)

4. EPA testing will include mechanical ventilation systems.
5. Where test results warrant, EPA will decontaminate not only the tested buildings but the neighborhoods affected by 9/11 contaminants. The clean-up clearance criterion for each identified contaminant will be based upon consideration of health-based benchmarks and background levels, utilizing the criterion that is more protective.

Summary: 7 Principles (continued)

6. EPA will, with appropriate community input, take the lead role in supervising the environmental safety of all 9/11-related clean-up, demolition, and reconstruction activities.
7. As EPA evaluates unmet health needs resulting from the attacks, it will support all necessary national and local efforts to ensure public health education, outreach, and long-term medical follow-up for affected communities and to ensure medical care for affected individuals.